

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/070177

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓	1	↓		↓							
TOTAL DEP.	32	↓	10	↓		↓							
TOTAL CLAIMS	34		11										

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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